



OFFICE OF PUBLIC INSTRUCTION

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Linda McCulloch
Superintendent

July 2006

To: School Food Authority Administrators

From: Christine Emerson, Director
School Nutrition Programs



Re: Free and Reduced-Price School Meals Application

The following forms are available on the School Nutrition Programs website at www.opi.mt.gov/schoolfood/index.html in the Lunch, Breakfast, Snacks and Milk page. These forms are **required** to successfully administer the School Nutrition Programs. If you have trouble downloading any of these forms, please contact our office at (406) 444-2501.

Required forms include:

- Public Release
- Letter to Households (*front and back: must be sent with the free and reduced-price school meals application*)
- 2006-2007 Free and Reduced-Price School Meals Application (*front and back*)
- Notification Letter (*must be sent for all applications received*)
- 2006-2007 Income Eligibility Guidelines (*these are the official guidelines that are used to determine free and reduced-price eligibility based on income*)

Insert your district's specific information in the **[bold bracketed fields]**. If you make additional changes, you must submit them to the state agency for approval. The pages are designed to be printed on 8½" x 11" paper. For your convenience, we have enclosed a NEW document; the Student Eligibility Documentation for Transfer Students.

Each household that receives food stamps may be Directly Certified through participant reports provided by the Department of Public Health and Human Services. This report will be provided on a quarterly basis so schools can update their benefit issuance list as needed. *Use the attached "Eligibility Matching Benefit Issuance List" for all students determined on the basis of these reports. This document is IN PLACE of an application for the students on the list.* Eligibility determinations are valid for the entire school year. If a student is no longer enrolled in the district, cross off the name and document the date.

Enclosures

"It is the mission of the Office of Public Instruction to improve teaching and learning through communication, collaboration, advocacy, and accountability to those we serve."

Student Eligibility Documentation For Transfer Students

Please Note: The information contained below is strictly confidential, and should only be used for the purpose of determining the specified student(s) eligibility for free or reduced-price school meals. Questions about the information contained herein should be addressed to the determining official listed below.

This information is to be kept on file in place of a free and reduced-price application, and the information is to be treated as any other application.

As allowed by Section 9(b)(2)(C)(iv) of Public Law 103-448 schools may disclose, without consent, children's names and eligibility status for free or reduced-price meals or free milk to persons directly connected with the administration or enforcement of state education programs provided the programs are administered by a state agency or local education agency. A child's name, grade, and free and reduced-price eligibility information may be released to authorized school officials for purposes required for administering the U.S. Department of Agriculture (USDA) School Nutrition Programs.

Any person who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by Federal law any information obtained under this provision shall be fined not more than \$1,000 or imprisoned not more than one year, or both.

Eligibility Statement:

According to _____ School District records,
School District Name
_____ is (are) eligible for ☐ free or ☐ reduced-price meals.
Name(s) of Student(s) on Application

Additional Information: Fill out the following based on the original application approved

Date application originally approved: (Month/Day/Year)_____/_____/_____

Determination based on (check one):

☐ Income Household: Total Income _____ per _____ Household Size _____

☐ Food Stamp/TANF/FDPIR Household: Case Number: _____

☐ Migrant, Homeless, or Runaway Child (Categorically Eligible)

Signatures and Contact Information:

Determining Official's Name: _____

Address: _____ Telephone: _____

I certify that the information contained herein is true and correct to the best of my knowledge.

Determining Official Signature: _____ Date: _____